

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS255AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2010
NAME OF PROVIDER OR SUPPLIER LACY LANE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 313 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an immediate jeopardy complaint investigation conducted regarding your facility from 11/5/10 to 12/7/10. This complaint investigation was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents.</p> <p>Complaint #NV00026907-The allegations regarding resident safety and administration issues were substantiated. See Tags Y50, Y207, Y990, Y991, Y998, Y9999.</p> <p>Complaint #NV00026907-The allegation regarding client rights was substantiated; however, there are no regulatory deficiencies based on observation and interviews with facility staff.</p> <p>Complaint #NV00026907-The complaint investigative process was initiated by a site visit to the care facility on 11/5/10 in response to concerns from an Aging and Disability Services Division (ADSD) staff member.</p> <p>The investigation included:</p> <p>-Observation of the resident room next to the laundry room. The pathway from the remainder</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 of the house to the laundry room did route through the residents's room. -Interviews with the administrator revealed that the facility passed the initial licensing with the current room configuration and had been this way for over 10 years. A caregiver stated that laundry is not done during the resident's sleeping time.	Y 000			
Y 050 SS=H	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public	Y 050			

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Y 050	Continued From page 2 area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 11/5/10, the administrator failed to ensure the grading placard was displayed conspicuously in a public area. Severity: 3 Scope: 2	Y 050			
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on observation on 11/5/10, the facility failed to ensure that the fire alarm was operational. Severity: 2 Scope: 3	Y 207			

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Y 990	Continued From page 3	Y 990			
Y 990 SS=F	<p>449.2756(1)(a) Alzheimer's facility pools</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.</p> <p>This Regulation is not met as evidenced by: According to observation on 11/5/10, the facility failed to provide a secure fence around the backyard swimming pool.</p> <p>Severity: 2 Scope: 3</p>	Y 990			
Y 998 SS=F	<p>449.2756(f)(4) Alzheimer's Facility-Yard safe</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(f) The facility has an area outside the facility or a yard adjacent to the facility that:</p> <p>(4) Is maintained in a manner that does not jeopardize the safety of the residents.</p> <p>All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p>	Y 998			

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Y9999	<p>Continued From page 5</p> <p>the regulations adopted pursuant thereto. If the licensee fails to notify the Health Division and submit an application for a new license within 10 days after the change, the licensee shall pay to the Health Division a fee in an amount equal to 150 percent of the fee required for a new application set forth in subsection 1 of NAC 449.0168 <NAC-449.html>.</p> <p>5. A licensee shall notify the Health Division immediately of any change in the ownership of, the location of, or the services provided at, the facility.</p> <p>(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97; A by R122-05, 11-17-2005)</p> <p>Based on observation on 11/5/10, the facility failed to post their license from BELTCA.</p> <p>Severity: 1 Scope: 3</p>	Y9999			

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